

## **MICHIGAN -- 2001 Community PASS Grant**

### **Identified Problems with the States' Long-Term Care System**

- Access to high quality services varies from community to community, and the opportunity to choose freely between qualified providers of service is the exception, not the rule.
- A LTC system based on a medical model that focuses on treatment, not prevention.
- Lack of a single point of entry point for services.
- Continued reliance on professionals as primary decision makers with consumers as planners and advisors.
- Inconsistent implementation of person-centered planning both within provider programs and across communities.
- Lack of an infrastructure capable of supporting flexible networks of individually tailored supports.
- Reliance on the end-point assessment of quality rather than a consumer-led, continuous quality assurance model.
- Incompatible management information systems making data collection, analysis, and database reform difficult.
- Incompatible assessment and care planning tools and protocols across programs.
- Inconsistent use of tools to help consumers and program administrators to manage risk related to consumer health and safety.

### **Perceived Strengths**

- The state provides an extensive array of services that enable individuals to live in the most integrated setting.
- In 1996, the state reorganized the Department of Community Health (DCH), permitting better coordination among the State Medicaid Agency, Mental Health, and Substance Abuse Services (which includes DD services), Public Health, and the Offices of Services to the Aging (OSA).
- Partnerships with external information systems experts (e.g., Dr. Fries at the University of Michigan), which allows for more sophisticated, data-driven decision making.
- A unique Medicaid 1915 (b)/(c) managed care waiver which allows for highly flexible services and supports for persons with developmental disabilities.
- A Quality Management System for MH and DD services that has been identified as “best practice” by the CMS Regional Office during monitoring visits. Fewer than 250 individuals remaining in state operated mental health institutions.
- A Self-determination Initiative (originally funded through a Robert Wood Johnson Foundation grant) that is successfully demonstrating how to increase consumer power and satisfaction while improving service quality and reducing costs.

- Person-centered planning has been incorporated into Michigan's mental health system since 1996 and is an essential part of the LTC Initiative (LTCI).
- The state has funded 48 LTC innovations projects with \$7 million of tobacco settlement funds.

### **Primary Focus of Grant Activities**

- Conduct in-depth analysis of current PASS system.
- Provide PASS training and technical assistance.
- Establish comparable care planning protocols and assessment tools so that each program will collect the same data elements; train program staff to use them.
- Develop coordinated information systems.
- Activities to sustain a high quality long-term care workforce.
- Create a PASS quality assurance model with continuous feedback systems.

### **Goals, Objectives, and Activities**

**Overall Goal.** To optimize community integration and quality of life for children and adults in Michigan by offering maximum consumer control of personal assistance services and supports (PASS) in all programs.

**Goal.** Identify system needs and budget considerations to inform decisions about system changes required to offer maximum consumer control of PASS for community integration and quality of life.

#### ***Objectives/Activities***

- Identify barriers, the current scope and capacity of provider networks, the adequacy of services and supports relative to utilization needs, and system strengths to preserve and expand upon.
- Forecast utilization possibilities and conduct a cost analysis to identify what changes can be made while maintaining cost neutrality.

**Goal.** Improve current PASS at the consumer, provider, and system level based on the findings from the service delivery system analysis.

#### ***Objectives/Activities***

- Provide PASS training and technical assistance.
- Establish comparable care planning protocols and assessment tools and train program staff to use them. This will ensure that the tools currently used by each program will collect the same data elements in the same way, allowing comparisons across programs, and as consumers move between programs. For example, functional ability will be measured in a way that will allow comparisons across programs.
- Develop coordinated information systems.

- Recruit and retain long-term care workers.
- Establish a feedback mechanism for quality assurance for PASS in all programs.

**Goal.** Develop a system-wide commitment to sustain an environment within which individual choice and responsibility may flourish.

***Objectives/Activities***

- Convene two Sustainability Summits for consumers, personal assistants and caregivers, contract agency staff, and policy makers on PASS.
- Ensure the sustainability of training and technical assistance.
- Ensure the sustainability of comparable protocol and assessment tools.
- Ensure the sustainability of coordinated information systems.
- Support efforts to recruit and retain a pool of competent long-term care workers.
- Ensure the integration of PASS quality feedback mechanisms into the continual quality assurance protocols of all programs.

**Goal.** Evaluate the project process, effectiveness, and outcomes.

Implement a formative and summative evaluation.

**Key Activities and Products**

- A service delivery system analysis to clearly identify system-level needs, which involves all stakeholders, including consumers and families.
- A cost analysis to identify possible changes while maintaining cost neutrality.
- Training and technical assistance to consumers, personal assistants and caregivers, and agency staff.
- Developing comparable care planning protocols and assessment tools.
- Coordinating information systems.
- Establishing a feedback mechanism for quality assurance for PASS in all programs.
- Implement a formative and summative evaluation.

**Consumer Partners and Consumer Involvement in Planning Activities**

The Consumer Task Force (CTF), which is composed of representatives of public and private stakeholder groups and seven consumers and family members, provided input on the grant proposal. The lead agency used long-standing relationships with advocacy and provider organizations to form the CTF, which met twice during grant development to help determine direction.

### **Consumer Partners and Consumer Involvement in Implementation Activities**

The Consumer Task Force and other consumers and family members will be involved in multiple implementation activities. They will:

- Participate in and guide the service delivery system analysis.
- Review the curriculum for PASS training in light of findings from the service delivery system analysis.
- Review the Workgroup Report regarding recruitment and retention of long-term care workers.
- Participate in the Sustainability Summits.
- Determine formative and summative evaluation questions, strategies for data collection, analysis, and utilization, and ensure that the evaluation is objective and appropriate.
- Provide leadership training.

The Grantee Management Team will include two consumers.

### **Public Partners**

- Local CMH offices and their contracting agencies.
- Offices of Services to the Aging (OSA).
- Community Mental Health Service Programs (CMHSP).
- The Wayne State University Developmental Disabilities Institute (DDI).

### **Private Partners and Subcontractors**

- Michigan Association of Centers for Independent Living (MACIL).
- Institute of Gerontology (IOG).
- Area Agencies on Aging Association of Michigan.
- Centers for Independent Living.
- Self-Advocacy Network of Michigan.
- The Arc of Michigan.
- Michigan Alliance of Direct Support Professionals.
- Michigan Association of Community Mental Health Boards.
- Local Area Agencies on Aging (AAAs).
- Service providers.

### **Public and Private Partnership Development/Involvement in the Planning Phase**

Wayne State-DDI assisted in the writing and development of the grant proposal. Several other organizations listed were involved through their membership on the CTF or Management Team.

### **Public and Private Partnership Development/Involvement in Implementation**

- The majority of project work will be subcontracted to facilitate partnerships, assure that project activities build on existing efforts, and to assure that recognized leaders are associated with this systems change effort.
- The Department of Community Health will recruit additional public and private partners to assure the sustainability of training and technical assistance and other grant activities.
- Wayne State University Developmental Disabilities Institute will conduct the service delivery system analysis, provide continual evaluation, and coordinate training and technical assistance. DDI will contract with a number of organizations and consumers for a variety of project components.

### **Existing Partnerships That Will Be Utilized to Leverage or Support Project Activities**

- Each of the 48 LTC innovations projects is a specific program that can support the activities funded by this grant. For example, one of grantees is implementing a Dementia Training Project, which is built on the relationship between the local mental health agency, the Councils on Aging, the Alzheimer's Association, home care agencies, the Area Agency on Aging, and physicians. The project will provide specialized training to families and personal assistants on how to care for people with dementia.
- The C-Pass Grant Management Team will coordinate with DCH staff and the LTC innovations grantees on collaborative activities related to PASS.

### **Oversight/Advisory Committee**

The Consumer Task Force will provide leadership, advice, and oversight of this project. The Task Force will meet on a regular and as-needed basis.

### **Formative Learning and Evaluation Activities**

- DDI, in collaboration with the Management Team and the Consumer Task Force, will conduct a formative and summative evaluation. The Management Team and CTF will determine the specific evaluation questions to be used.
- The project will implement previously defined evaluation strategies and activities throughout to ensure formative and summative data results will inform continued project activities. DDI will share ongoing evaluation results with the Project Director, Management Team, and CTF on a quarterly basis.
- DCH will analyze data collected from the various proposed methods (e.g., face-to-face interviews, telephone surveys, and comprehensive review of relevant documents and literature) for presentation and discussion at the CTF meetings. In addition, DCH will write yearly evaluation reports summarizing accomplishments, challenges, and lessons learned.

**Evidence of Enduring Change/Sustainability**

- Sustainability is built into grant activities.
- Sustainability Summits involving stakeholders will convene in Year 2 and 3 to develop a plan to ensure that each project activity is sustained beyond the grant period.
- The incorporation of utilization projections and cost analysis to maintain budget neutrality will help ensure that LTC systems change will be fiscally sustainable.

**Geographic Focus**

Statewide